

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-570)						SERIAL NO.	APPLICANT'S				
CLAIMS											
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT			1st		2nd	
	NO.	DOF.	NO.	DOF.	NO.	DOF.		NO.	DOF.	NO.	DOF.
1							61				
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50											
TOTAL NO.	2						TOTAL NO.				
TOTAL DOF.	8						TOTAL DOF.				
TOTAL	10						TOTAL				